

1. LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number
67214**Instructions**

- 1. Print in ink or type.
- 2. Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rouge LA 70809-2017, (225) 922-1400 or (800) 842-6630. No fee is required.
- 3. This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: 6/26/02

L supp

1020927

1. NAME Yelverton Sandra A.
Last _____ First _____ MI _____2. BUSINESS PHONE 225.924.61223. BUSINESS ADDRESS 1821 Wooddale Cr #207 BR LT 70806
Street and No. _____ City _____ State _____ Zip _____MAILING ADDRESS _____
Street and No. _____ City _____ State _____ Zip _____4. EMPLOYER Mages : Mages, Inc.5. EMPLOYER'S ADDRESS same
Street and No. _____ City _____ State _____ Zip _____6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Dehart and Dart
Address 1360 Beverly Rd Ste 201 McLean VA 22101
Business or purpose Professional Assn New RepresentationDoes this person pay you? NoIf No, who pays you? Mages : Mages, Inc. Terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

New Representation

Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

New Representation

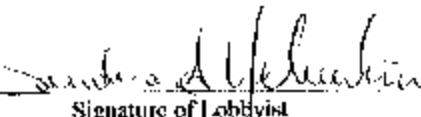
Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [U.S.A.R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist